

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM DATAMASTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 8:14 am, Nov 10, 2014

Toombiolo tilla tenott	at the time of the re whenever the instru nd send a copy with	IIIIMII IS SAIVIC	יובמסי זמ חסי	and unk	annere it to		days). vice.		
DATAMASTER SN 204081	i to and or reaction					DATE OF INSPECTION 11/09/2014			
LOCATION OF INSTRUMENT (STREET AND CITY) Scott County Sheriff's Office-211 S. New Madrid StBenton					····	TIME OF INSPECTION 10:08 am			
CHECKLIST: Place a where determined.) I	mark in the box by	each item if for	ind to be sa	tiefactory o	r if operating	within establis	hed Ilmits.	(Write in obser	ved values
i	HECK (PRINTOUT		1 001016 0311			(from printout)	11/09/201	4 10:12	
☑ СОМРИТЕЯ	, , , , , , , , , , , , , , , , , , ,		***************************************		TECTOR				
PROGRAM				√ Fil.					
HEATERS SA	AMPLE CHAMBER	E	<u>0.0</u> °C	🛮 αυ	ARTZ STAN	IDARD	·		
☑ FLOW DETE	CTOR				IBRATION				
☑ PUMP HIGH	SPEED			✓ PRI	NTER				:
INDICATOR LIGI	HTS		THE STATE OF THE S				7		
SIMULATOR SO	LUTION SUPPLIER	Guth Labora	atories Inc	*	LOT # 1	3280	EXP. DA	TF 10/16/20	15
	MP (34°C ± 0.2°C) _								
CALIBRATION C	IECK (ONLY ONE	STANDARD	IS TO BE L	JSED PER	MAINTEN	ANCE REPORT	Γ)		
Run three tests us	ing a standard solu corresponding to the	ition. All three	tests must l	be within ±	5% of the s	landard value	and must h	nave a spread	of .005 or
0.100% STANI 0.080% STANI	DARD - MUST REA DARD - MUST REA DARD - MUST REA	D BETWEEN	0.095% ANI 0.076% ANI	D 0.105% D 0.084%	, NCLUSIVE NCLUSIVE	IACHED)			
TEST 1 🕶 .099		TEST 2				TEST 3 🕶 .1()1		
PERFORM R.F.I.	EST (PRINTOUT A	TTACHED)		-	1		 ,		
INDICATE THE NUME (DO NOT INCLUDE S	BER OF BREATH T ELF-ADMINISTERI	ESTS IN THE ED TESTS)	FOLLOWIN	NG RANGI	ES SINCE T	HE LAST MAI	NTENANO	E REPORT:	
	004)	(.0509)	0	(.1014)	0	(.1519)	0	OVER .19	0
LIST ANY NEW PARTS AND DES JUSE OTHER SIDE IF NECESSA	CRIBE ANY ALTERATION C RY).	H MODIFICATION TO	HAT WAS MADE	TO RESTORE 1	HE INSTRUMEN	T TO OPERATE SATE	SFACTORILY A	ND WITHIN ESTABLE	SHED LIMITS
	-								
NSPECTING OFFICE	Rossin in designation of								
Jane Corta	1				BINT FULL NAM James C. H	e Cooksey Jr.			
үед препміт нимвекуєхою 204086	оз/11/2016			T	TELEPHONE NUMBER (573) 840-9500				
RETURN COMPLETED REP		Breath Alcohol 2875 James Bl	Program, M	40 Departr	nent of Hea	Ith and Senior	Services, S	Southeast Distr	rct Office

Poplar Sluff, MO 83901



Airgus USA LLC (LAB) 3500 Bernard Street St. Luis, Mo. 63103 Ph: (\$14) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Customer Name Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Tes Date: 30-Sep-2013

Lot # AG326803

Exp. Date 25-Sep-2015

Cyl. Type

Component

<u>Certified Concentration</u> 0.160 ± 2% BrAC (272 ppm) Balance

Ethanol Nitrogen

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No. Concentration EB0010581 391.8 ppm EB0010570 259.8 ppm EB0010285 209.0 ppm EB0010561 103.7 ppm EB0010681 52,22 ppm	Serial No. EB0010603 EB0010559 EB0010595 EB0010562 EB0010579	<u>Concentration</u> 392.5 ppm 258.9 ppm 208.9 ppm 104.9 ppm 52.94 ppm
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Analytical Method:

NDIR

Oigitaty eigned by Quality Control Date: 2013.09.30 10.52:32-05:00 Reason: Dry gas standard certification of smalysta Location. Afrgas USA LLC (Lab)

Analyst:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



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STATE OF MISSOURI

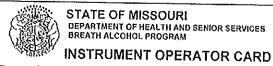
DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM**



PERMIT TYPE II

JAMES C COOKSEY JR.

is hereby authorized to instruct and supervise and operate the following breath analyzer(s):	operators, train instructors, inspect, calibrate, perform field service and repairs			
DATA	AMASTER, INTOX DMT			
for the determination of the alcoholic content of t 577.020 through 577.041, RSMo and 306.111 t	blood from a sample of expired air. Permit issued under the provisions of sections hrough 306.119 RSMo.			
DATE 3/11/2014	white			
NUMBER 240086	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
EXPIRES 3/11/2016	Don Vanter of acting director			
10 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB4 (R6-10)			



The named caroholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air



Operator COOKSEY JR., JAMES Permit No 240086 Date Issued 3/11/2014 Date Expir Date Expires 3/11/2016